

PARTICIPANT REGISTRATION FORM

Eagle Recreation

PO Box 575, Eagle WI 53119



Last Name

Mother's Name & Phone Number

Address

Father's Name & Phone Number

City, State, Zip

Home Phone Number

Email address(s)

Emergency Contact Name & Phone Number

Are there any special needs or allergies we should be aware of (please list here): _____

YOUTH SPORT SHIRTS SIZES:			YOUTH: YXS, YS, YM, YL, YXL	ADULT: AS, AM, AL, AXL, A2XL, A3XL		
Participant Name	Age	Grade	Activity Name	Date/Time	Shirt Size	Fee
				TOTAL AMOUNT DUE		

Payment Method: ☐ Check ☐ Cash ☐ Credit Card

Make Checks payable to: Eagle Recreation, PO Box 575, Eagle WI 53119

24 Hour Drop Box: Eagle Municipal Building, 820 E Main St, Eagle

Credit Cards: GOV PAY <https://www.govpaynow.com/gps/user/plc/a001ex> There are convenience fees for service.

WAIVER OF RELEASE OF ALL CLAIMS

I, as the participant or parent/legal guardian of the above named child(ren), hereby give permission for my/his/her participation in the above listed activity(ies). I am aware of and understand that there may be potential risks involved with participation in any activity, and that the Town and/or Village of Eagle do not provide accident insurance and cannot assume any responsibility for injury to any participants in its recreation programs. I agree to hold harmless the Town and/or Village of Eagle and its officers, employees, and volunteers from any and all claims.

SIGNATURE:

DATE:
